

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 6, 2003

Re: IRO Case # M2-03-0514

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 21-year-old male who on ___ was shoveling asphalt when a steamroller rolled over his right leg, causing fractures of the right tibia and fibula and laceration of the right foot. That same day he underwent irrigation and debridement of right foot laceration, repair of laceration of the right foot and intramedullary nailing of the right tibia. Post operatively the patient underwent extensive physical therapy. Follow up x-rays continued to show good healing of the fractures. The patient returned to work with restrictions 7/25/02. An FCE 9/3/02 showed that the patient could perform some of his pre-injury work demands. The patient's described work level demands were frequently in the heavy level and medium-heavy level. The patient was found to be functioning at the heavy level frequently and at the medium level occasionally. He demonstrated limitations for constant

standing and frequent walking. The patient was working full duty without restrictions. He reported a heavy increase in pain, which he tolerated for two weeks before stopping work. A work hardening program was recommended and denied. Electrodiagnostic testing was performed on 10/3/02 and the patient was diagnosed with right peroneal neuropathy and possible right lumbosacral radiculitis at L5-S1. A Designated Doctor Exam on 11/8/02 indicated that the patient was at MMI with a 6% whole person impairment.

Requested Service

Work Hardening for Four Weeks

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The FCE on 9/3/02 showed the patient's ability to perform almost all of the physical demand requirements of his job. His only deficits were in standing, walking and occasional lifting. The patient was at the heavy demand level frequent lifting, which is what his job requires. He was at the medium demand level for occasional lifting; his job requires the medium-heavy level. The patient was able to perform most of his job demands. A gradual return to work with restrictions, and a continuing home exercise program would be beneficial, but a work hardening program would not provide additional benefit. In addition, the documentation provided for this review do not demonstrate any need for a multi disciplinary approach to include psychological or vocational counseling as provided in a work hardening program. Therefore, a work hardening program is not medically necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 10th day of March 2003.